

of Health or its secretary, isolation is necessary to protect the public health. In establishing isolation the health officer shall define the limits of the area in which the person reasonably suspected or known to have syphilis or gonococcus infections, and his immediate attendant, are to be isolated, and no persons other than the attending physicians shall enter or leave the area of isolation without the permission of the health officer.

(c) In making examinations and inspections of women for the purpose of ascertaining the existence of syphilis or gonococcus infection, to appoint women physicians for said purposes where the services of a woman physician are requested or demanded by the person examined.

(d) In cases of quarantine or isolation, not to terminate said quarantine or isolation until the cases have become non-infectious or until permission has been given by the State Board of Health or its secretary.

Cases of gonococcus infection are to be regarded as infectious until at least two successive smears, taken not less than forty-eight hours apart, fail to show gonococci.

Cases of syphilis shall be regarded as infectious until all lesions of the skin or mucous membranes are completely healed.

(e) Inasmuch as prostitution is the most prolific source of syphilis and gonococcus infection, all health officers are directed to use every proper means of suppressing the same, and not to issue certificates of freedom from venereal diseases, as such certificates may be used for purposes of solicitation.

(f) To keep all records pertaining to said inspections and examinations in files not open to public inspection, and to make every reasonable effort to keep secret the identity of those affected by venereal disease control measures, as far as may be consistent with the protection of the public health.

State Board of Medical Examiners

At the annual meeting of the Board of Medical Examiners of the State of California, held in Sacramento, October 15th, the following officers were elected for the ensuing year: P. T. Phillips, M. D., Santa Cruz, president; H. V. Brown, M. D., Los Angeles, vice-president; C. B. Pinkham, M. D., San Francisco, secretary-treasurer. The terms of the following members of the board expired and new commissions of reappointment were issued, dated October 15, 1917: Dr. P. T. Phillips, Santa Cruz; Dr. Dain L. Tasker, Los Angeles; Dr. Charles B. Pinkham, San Francisco.

Report on osteopathic licentiates who have taken the oral, practical or clinical examination for a physician's and surgeon's certificate, Sec. 12½, Chapter 81, Statutes 1917. Examined in Los Angeles, October 9th to 11th, inclusive, at October meeting of board: Passed, 16; failed, 11; total examined, 27. Examined November 1st, in Oakland, by a commission of four members of the board: Passed, 4; failed, 2; total examined, 6. Examined in Los Angeles by a commission of four members of the board; two examinations held subsequent to the October meeting: First examination—Passed, 0; failed, 6; total examined, 6. Second examination: Passed, 2; failed, 3; total examined, 11. Total A. B. applications filed for October meeting, 52. Results to date: passed, 22; percentage, 50; failed, 22; percentage, 50; total, 44. Reported as examined to date, 44; not acted upon, 8.

The report of the commission will be filed at the next meeting of the board, and a vote thereon will be necessary to ratify the issuance of all certificates other than to those who were "passed" at the regular October meeting.

At the next meeting oral examination will be given to applicants of this class who have filed the required fee for re-examination or who have

filed applications since the closing date for the October meeting.

Prosecution of Illegal Practitioners.

Experience has proved that the expense of conducting the legal department of the Board of Medical Examiners has been a heavy drain on the finances, yet as long as violations exist the board is called upon to discourage such violation and the procedure incident thereto demands a considerable financial expenditure. A complexity of circumstances renders the details relative to the enforcement of the penalty of violation of the medical act most difficult, and at the same time most expensive. The indifferent support by the medical fraternity in a specific section of the State renders prosecution work most difficult and a heavy drain on the finance of the board is the natural sequence. Let us follow the steps incident to the investigation and prosecution in a specific section of the State from which emanates a number of communications complaining of the alleged violation on the part of some specific individual.

We will presume that the local prosecuting forces are indifferent, while in the same locality the representative practitioners of those who hold valid certificates are restrained by logical reasons from arousing an antagonistic feeling by openly appearing as an interested party in the proceedings. Presuming, as is invariably the case, that no evidence is volunteered, it then becomes necessary to send a special investigator to the locality who must depend on local operators to secure evidence. This evidence, it is held, must be in the nature of actual diagnosis, treatment or the writing of a prescription for which a fee is paid in the presence of a witness. The evidence having been secured, a complaint is filed. Then follows an interval prior to the hearing which when set, is subject to continuances in the police or justice court, where final disposition may be effected either by dismissal, a plea of guilty and payment of fine, or by the violator being held to answer to the superior court. In the latter instance there follows another period of delay until the case is finally tried. Estimate the expense to the Board providing the investigators are called upon to journey to the location of trial, particularly if remote, each time a case is set and then continued for hearing at a later date. Judge for yourselves the expense in witness fees, which the Board must pay the operators, for the expenses in 90 per cent. of the cases exceeds whatever fine may be imposed, while in many other cases no fine is imposed, the judgment imposed by the court being probation with the understanding that the violator refrain from further violation. Another discouraging outgrowth of legal procedure which operates against the success of the Board, as a result of a series of continuance extending over a considerable period is the possibility of the disappearance of the witnesses who not infrequently leave the jurisdiction of the court during the many weeks that frequently elapse between the date of arrest and first trial, thus effecting a dismissal of a case from lack of sufficient evidence.

The prescribed confines of the prosecution activities of Attorney Ward in northern California lie in the prosecution of violations in the counties of San Francisco, Alameda, or in the town of San Rafael, while Attorney John Hart represents the Board in prosecution for violations in and about Los Angeles. When violators are reported in other localities it frequently becomes necessary to engage counsel to act as special prosecutor for the Board, providing the local authorities are either indifferent or have their offices too crowded with other matters. The engagement of special counsel can only be effected by obtaining the consent of the Attorney-General of the State of California. Such consent is possible only on satisfactory showing of existing local conditions such as have been mentioned, and when obtained the Board must then arrange with such local attorney as may be selected the

fee to be paid for service. The established schedule of fees for the service of special prosecutors is the payment of \$10.00 on swearing to the complaint and 25 per cent. of such fine as may be imposed. The latter fee is payable when the fine imposed is deposited in the State Treasury to the credit of the Board of Medical Examiners. If no fine is imposed a fee of \$25.00 is paid to carry the case through the Superior Court.

Chapter 81, Statutes 1917, provide for the retention of 25 per cent. of the fine by the county where the conviction is effected and will be an added stimulus to this work of discouraging violations of the act. Realizing the constantly increasing financial drain incident to investigation and enforcement, as well as the heavy expenditure in issuing a directory, the Board determined that every certificate holder would willingly pay the tax of \$2.00 imposed under Sec. 2, Chapter 8 (Statutes 1917), thus effectively assisting the Board in the enforcement of the law.

We hear frequent comments from individual licentiates or discussions among groups of those holding certificates entitling them to practice some system of the healing art in California, the underlying thought being that the principle whereby the Board assumes the police power in enforcing obedience to the regulations of the medical act, is fundamentally wrong. The argument is advanced that the function of the Board of Medical Examiners should be limited to the regulation of preliminary medical and professional education in so far as it pertains to the investigation and standardization of such teaching institutions as qualify applicants for the Board's certificate, the regulation of the examination for such certificates, the issuance of the certificate and the penalizing of those certificate holders who may be guilty of any crime involving moral turpitude as defined in the act.

Perchance you say the District Attorneys should prosecute these violators, but here again we face a problem—lack of funds to investigate, with perchance local contingencies which mitigate against a successful issue.

The Board has other difficulties in the prosecution of violators,—in one instance the Board prosecuted a certain violator in two counties, but owing to popular sentiment could not secure a conviction in either county; the District Attorney in one of these counties shortly after the trial wherein he appeared as prosecutor, came to the office of the Board accompanied by the violator interceding in an endeavor to secure a certificate for the individual he had just prosecuted. Another interesting instance was where a certain Justice of the Peace imposed a fine and accepted payment thereon in installments.

The indifference to medical regulation exhibited by the average practitioner, his lack of familiarity with the essential features of the medical act under which his practice is conducted, his failure to affiliate with the local state and national society, are factors which render most arduous the biennial legislative struggle on the part of those who support reasonable standards of education, qualification and licensure. The quacks and charlatans constantly work for a minimum educational equipment, allowing a maximum scope of practice, and perpetuate a constantly developing publicity campaign which, in the absence of an opposition campaign, will eventually effect a dissolution of all standards of education and licensure.

In the operation of the State Board the unfamiliarity of certificate holders to the provisions of the acts is frequently evidenced particularly in the instance of those who, having lost the certificates issued to them, may locate in a county other than that where such certificate has been recorded. By failure to record their certificate prior to practice, they not only violate section 15, but also may lose their professional rights in civil procedure, specifically in cases involving the attempt to collect a

fee for professional services. In the city of San Francisco, investigation discloses a large percentage of licentiates who, having lost their certificates by the fire of 1906, which also destroyed the records of the County Clerk, have neglected to provide themselves through the office of the Board of Medical Examiners, with a duplicate certificate. By failure to record such duplicate certificate with the County Clerk, the practitioners in question have not only inadvertently become technical violators, but in addition thereto have jeopardized their rights in civil action. The medical act further provides that the practice under any name other than that appearing on the certificate originally issued, is a violation, hence those who through marriage or other process of law, have assumed and are practicing under another name than the one appearing on the certificate originally issued, are technically violating section 18.

Perfunctory consideration of matters pertaining to medical education, licensure and regulation engenders the thought so often expressed—of what value is all this red tape and technicality? As concrete examples of its value, your attention is directed to the instance of a certain applicant for written examination who, having been admitted to a written examination in his statement that his diploma had been lost after having been placed in a mail box, failed to furnish satisfactory evidence of the possession of the same, and later correspondence disclosed that no one by that name had graduated from the institution. Instances of the issuance of fraudulent diplomas are frequent and at the present time there is pending before the Board a reciprocity application which was accompanied by a diploma issued in a foreign country, a duplicate of which was offered the secretary, provided he forwarded a money order for \$2.50. The applicant claims to have lost the original diploma evidencing the degree of M. D. However, the difficulties experienced by another state in substantiating the authenticity of the credentials claimed by this individual, engender a strong presumption that California cannot consider the evidence submitted as sufficiently satisfactory to warrant the issuance of a certificate.

New Members

Ide, Chas. E., Redlands.
Whiting, Sandford, Los Angeles.
Paket, Mary B., Tehama.
Whitney, E. W., San Diego.
Erkenbeck, J. W., San Diego.
Gottbrath, N. J., San Francisco.
Jones, Wendell A., Arlington.

Transferred

Crabtree, Hezediah T., San Francisco.
Bartlett, Edwin I., San Francisco.

Deaths

Ermentrout, Dr. S. Justina, of Eldridge, Cal.; graduate of Woman's Medical College, Penn., '91, University of California, '13; died at her home on November 14, 1917.

Whitman, C. H., of the County Hospital, Los Angeles, has died.

Ellis, Charles Z., of Berkeley, Cal.; graduate of California Med. Coll., '91; Univer. of California, '92; died at the Roosevelt Hospital, Berkeley, on October 16, 1917.

Tartar, Albert Preston, M. D., Alameda, Cal.; University of California, San Francisco, 1882; aged 57; formerly a Fellow of the American Medical Association; a member of the Medical Society of the State of California; district surgeon to the Southern Pacific System; died at the Alameda Sanatorium, October 6th, after an operation for disease of the intestines.